

GOVERNMENT
EXHIBIT
902
4:18-CR-368

Frost Bank **L**

Account Holder Names: WORTH MEDICAL COMPANY, LLC		ACCOUNT NUMBER: 1948	
Mailing Address:		Product Name: Frost Business Checking	
		CD Customer Number:	
		ACCOUNT PURPOSE: Non Consumer	
		OWNERSHIP TYPE: Limited Liability Co	
Home Phone:		DATE OPENED: 11/20/13	DATE REVISED:
Work Phone:		VERIFIED BY: CHEXSYSTEM	OPENED/REVISED BY: Sandoval, Jessica
Number of Signatures Required: 1	CIF Number: 0003677055		
Special Instructions:			

Signatures of Authorized Individuals. This Agreement is subject to all terms below.

1x Name: BRIAN J SWIENCINSKI, President	2x Name:
3x Name:	4x Name:

Each of the authorized individual(s) certify that they have all required authority to act with respect to this account(s) and, jointly and severally, agree to indemnify and hold Financial Institution harmless from and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibility or duty to assure or verify that Authorized Individual(s) have or are acting within the authority given them by the authorizing document or that such authorizing document is genuine or valid, even if Financial Institution has seen or retained a copy of such document.

The Authorized Individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, Substitute Check Policy Disclosure, and the Electronic Fund Transfer Agreement and Disclosure, (if applicable), as amended by the Financial Institution from time to time. Each of the Authorized Individual(s) signing also acknowledges that the Financial Institution provided at least one copy of these deposit account documents.

TIN/BACKUP WITHHOLDING

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number. I am a U.S. person (including a U.S. resident alien), and that (check appropriate box):

☒ I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding.

Signature of Authorized Individual

For instructions, see Internal Revenue Service Form W-9 that is available at the financial institution.

Date: _____

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.

MMN = Mother's Maiden Name

Signer #1: BRIAN J SWIENCINSKI	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	Exp. Date:
DOB:	MMN:
DL/ID#:	Issue Date:
	Issuance:

Signer #2:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	Exp. Date:
DOB:	MMN:
DL/ID#:	Issue Date:
	Issuance:

Signer #3:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	Exp. Date:
DOB:	MMN:
DL/ID#:	Issue Date:
	Issuance:

Signer #4:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	Exp. Date:
DOB:	MMN:
DL/ID#:	Issue Date:
	Issuance:

NOTE: There may be only one Custodian for an account under the Uniform Transfers to Minors Act or the Uniform Gifts to Minors Act. All fiduciaries appointed by order of a court must each sign this signature card.

Depositor's Authorization Documents have not been filed.

GX902.001

DOJ_18CR368-0061534

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DATE RECEIVED
NOV 21 13

Signatures of Authorized Individuals. This Agreement is subject to all terms on reverse.

5x Name	6x Name
7x Name	8x Name
9x Name	10x Name

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies. MMN = Mother's Maiden Name

Signer #5:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	MMN:
DOB:	Issue Date:
DL/ID#:	Exp. Date:
	Issuance:

Signer #6:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	MMN:
DOB:	Issue Date:
DL/ID#:	Exp. Date:
	Issuance:

Signer #7:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	MMN:
DOB:	Issue Date:
DL/ID#:	Exp. Date:
	Issuance:

Signer #8:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	MMN:
DOB:	Issue Date:
DL/ID#:	Exp. Date:
	Issuance:

Signer #9:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	MMN:
DOB:	Issue Date:
DL/ID#:	Exp. Date:
	Issuance:

Signer #10:	SSN:
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Street:	Work Phone #:
Address:	Occupation:
Home Phone #:	Alternate ID:
Employer:	MMN:
DOB:	Issue Date:
DL/ID#:	Exp. Date:
	Issuance:

Beneficiary/Payee Name and Address:	SSN:
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11-10-2018

11-10-2018

Sole Proprietorships:

Physical Address of Business (if other than mailing address):

Owner's Address (if other than mailing address):

Owner's Personal ID Number (issued by Department of Public Safety):

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DOJ_18CR368-0061535